



MISSOURI DEPARTMENT OF REVENUE
DIVISION OF TAXATION AND COLLECTION
P.O. BOX 811, JEFFERSON CITY, MO 65105-0811
**UNITED STATES IMPORTERS CIGARETTE SALES TO MISSOURI
WHOLESALE MONTHLY TAX REPORT**

FORM 4790 (REV. 11-2004)	DLN
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COMPANY NAME			MONTH/YEAR		CHECK HERE IF AMENDED REPORT <input type="checkbox"/>	
STREET ADDRESS		PO BOX	LICENSE NUMBER		FEIN	
CITY	STATE	ZIP	TELEPHONE NUMBER		FAX NUMBER	

LIST NAME OF MISSOURI LICENSED WHOLESALE PURCHASING UNSTAMPED CIGARETTES	COLUMN A CUSTOMER'S MO LICENSE NO.	COLUMN B INVOICE NUMBER	COLUMN C INVOICE DATE	COLUMN D NO. OF 10 PACKS SOLD	COLUMN E NO. OF 20 PACKS SOLD	COLUMN F NO. OF 25 PACKS SOLD	COLUMN G TOTAL NO. OF PACKAGES SOLD

I DO HEREBY CERTIFY UNDER THE PENALTY OF PERJURY THAT THE FOREGOING AND ATTACHED REPORTS ARE A TRUE AND CORRECT STATEMENT TO THE BEST OF MY KNOWLEDGE AND A COMPLETE AND FULL PRESENTATION OF ALL TRANSACTIONS FROM THE BEST INFORMATION AVAILABLE.

PRINT NAME	SIGNATURE	TITLE	DATE
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Mail report to: Missouri Department of Revenue, P.O. Box 811, Jefferson City, MO 65105-0811.

If you have questions or need assistance in completing this form, please call (573) 751-7163 or email excise@dor.mo.gov.

You may also obtain this form from the department's web site at: www.dor.mo.gov/tax/business/tobacco/forms/. TDD (800) 735-2966